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Bib Data Sheet

CONFIRMATION NO. 4041

SERIAL NUMBER 10/016,035	FILING DATE 12/12/2001 RULE	CLASS 257	GROUP ART UNIT 2811	ATTORNEY DOCKET NO. Kulite-66
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APPLICANTS

Anthony D. Kurtz, Ridgewood, NJ;

Alexander A. Ned, Wayne, NJ;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 01/22/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 14	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

45722
PLEVY & HOWARD, P.C.
P.O. BOX 226
FORT WASHINGTON, PA
19034

TITLE

COMBINED ABSOLUTE DIFFERENTIAL TRANSDUCER

FILING FEE RECEIVED 670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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